



Panel Member Review

Petition #

Reviewing Doctors Name:		
Date Received	Deadline	Date Completed
Workers' Name:	MT Agency Claim Number:	
Date Of Accident:	Part of Body Injured:	
Primary Diagnosis:	Subsequent Diagnosis:	
Description of how reopening of medical benefits will keep the injured worker at work or return to work.		
Initial Review	Two-year Review	
Recommendation: Do Not Reopen		
Rationale:		
Recommendation: Reopen		
Enter Time for reopened medical benefits (i.e., 1.5 years)	Reopening end date	
Rationale:		
By signing this report I acknowledge that I have reviewed the submitted medical records and petition for reopening of terminated medical benefits. To the best of my medical knowledge and understanding, the decision was made consistent with the statutory requirements that the medical condition is a direct result of a compensable injury or occupational disease and that the medical benefits would allow the injured worker to continue to work or to return them to work. My opinions and recommendations are made to a reasonable degree of medical certainty, based on a preponderance of the evidence presented for review.		
Panel Member's Signature:		
Date:		